

Life Quality Change Survey

(Client-Family Self-Evaluation)

Please rate your family's over-all change in status over the last several months by encircling the appropriate number in each of the following:

	de- creased	un- changed	some change	moderate change	great gains
<u>Sense of Hope</u> (feeling things will turn out okay)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Sense of Coping</u> (managing and regulating stress)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Sense of Comfort</u> (no pain, distress or crisis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Sense of Accomplishment</u> (finishing goals)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Sense of Satisfaction</u> (feeling of pleasure)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Sense of Fulfillment</u> (from wants to fulfillment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Sense of Esteem</u> (feeling important and worth)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Energy Level</u> (for everyday situations)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Family Health</u> (physical and mental well-being)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Ability to Function</u> (in daily roles and activities)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Nurturing Relationships</u> (w/ spouse, sibs, relatives)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Living More Than Day to Day</u> (time management)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Positive Relation with Peers & Co-workers</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Child_____Parent_____Date_____

Past Weeks' QUALITY of FAMILY LIFE

As a **parent**, looking back over the **past week or so**, help us understand your feelings and thoughts by rating how well **you and your family** have been doing in daily life. Mark on the line from 1-10 with one being a lower rating and 10 being the highest rating for each:

Parents' Dealing with Household Demands

(feeling stronger by following through with decision making)

1-----5-----10

Parents' Coping Better with Child at Home

1-----5-----10

Parents' Energy and Vitality

(self-care i.e., eating, sleeping, and work)

1-----5-----10

Ability of Parents' to Take a Break

(time out for rest, relaxation and recreation)

1-----5-----10

Parents' Hearing about Child's Success at School

1-----5-----10

Family Listening and Talking Together

1-----5-----10

Interactions and Relationships in the Family

1-----5-----10

Appropriate Family Boundaries

(healthy personal spaces and connections among members)

1-----5-----10

Availability of Supports for Family from Outside Sources

(alternative family styles, extended kin, friends and other resources)

1-----5-----10

Family Finding Pleasure in Activities of the Day

1-----5-----10

Summary Q: Out of 100%, What is your--

Family's Overall Health, Mental Health and Wellbeing?

1-----50-----100